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PTO/SB/21 (11-07)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/760,437

Filing Date

01/20/2004

First Named Inventor

Masoud Medizade

Art Unit

2125

Examiner Name

Sheetman, Sean

Attorney Docket Number

UT01152004 (PET-2.001.US)

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):

Remarks

THIS SUBMISSION IS BEING SENT VIA FACSIMILE NO. 571-273-8300

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

GANZ LAW, P.C.

Signature

Printed name

J. Curtis Edmondson

Date

06 Nov 2007

Reg. No.

67,027

CERTIFICATE OF TRANSMISSION/MAILING

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Tracie Brooks

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11-06-07

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NOV 06 2007

PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/760,437
Filing Date	01/20/2004
First Named Inventor	Masoud Medizade
Art Unit	2125
Examiner Name	Shechtman, Sean
Attorney Docket Number	UTO1152004

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

22874

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

22874

OR

☐ Firm or
Individual Name

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City

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Masoud Medizade

Name

Masoud Medizade

Date

10/15/2007

Telephone

805-543-1010

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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